Approved, SCAO OSM CODE: PCS

STATE OF MICHIGAN PROBATE COURT COUNTY OF

PETITION FOR COMPLETE ESTATE SETTLEMENT, TESTACY PREVIOUSLY ADJUDICATED

	TESTACT PREVIOU	JOLY ADJUDICATED		
Estate of				
I am the personal representative appointed on Date			$_{-}$ by \Box the court.	\Box the register.
2. Testacy has previously been forma	lly adjudicated.			
The interested persons, addresses, except as follows:	and their representative	s are identical to those app	earing on the initial ap	plication/petition
4. The time for presenting claims that	arose prior to the deced	ent's death has expired.		
5. All claims properly presented ha			etition.	
6. A final account ☐ has been served on all interested ☐ is filed and served with this petiti				
7. All estate assets have been distribution of			ed with this petition.	
8. Any Michigan estate or inheritance. Any Michigan estate tax or inherit		n full (evidence of full payment fro	m Michigan Department of 1	reasury is attached).
I REQUEST:				
9. \square The final account be approved a	nd that any fiduciary fee:	s and/or attorneys fees set	forth in the final accor	unt be approved.
☐ The distributions previously mad be approved.	e and/or all distributions	as set forth in the schedule	e of distributions and pa	ayment of claims
\Box The personal representative be \circ	discharged.			
I declare under the penalties of perjury information, knowledge, and belief.	that this petition has bee	en examined by me and tha	at its contents are true	to the best of my
		Date	_	
Attorney signature		Petitioner signature		
Attorney name (type or print)	Bar no.	Petitioner name (type or print))	
Address		Address		
City, state, zip	Telephone no.	City, state, zip		Telephone no.

Do not write below this line - For court use only